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CONFIRMATION NO. 5596

<b>SERIAL NUMBER</b> 10/773,761	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 022041-001420US
<b>APPLICANTS</b> Mark G. Erlander, Encinitas, CA; Xiao-Jun Ma, San Diego, CA; Dennis C. Sgroi, Winchester, MA;				
<b>** CONTINUING DATA *****</b> <i>not</i> This appln claims benefit of 60/504,087 09/19/2003 and is a CIP of 10/727,100 12/02/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>not</i> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/07/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>not</i> Acknowledged <i>not</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 50
Examiner's Signature <i>W. Schlager</i> Initials <i>not</i>		<b>INDEPENDENT CLAIMS</b> 9		
<b>ADDRESS</b> 20350				
<b>TITLE</b> Predicting breast cancer treatment outcome				
<b>FILING FEE RECEIVED</b> 978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	